

Request for Proposals

Fy07 Division of Oral Health HP/DP Awards Program

Synopsis

The IHS Oral Health Promotion / Disease Prevention program announces the availability of fiscal year (fy) 2007 funding for prevention initiatives. **Proposals are due by 4PM eastern time, 30 October, 2006.**

Introduction and Purpose

These awards are intended to assist IHS, tribal, and urban programs to address the Department of Health and Human Services Healthy People 2010 oral health objectives and especially the IHS Division of Oral Health Government Performance and Results Act (GPRA) oral health objectives. Clinical and Preventive Support Centers are not eligible to receive funding, though they are encouraged to assist local IHS programs seeking funding. These funds will be used to enhance current, recently initiated hp/dp program efforts, or to implement new initiatives. New demonstration or pilot projects are appropriate; original research projects requiring IRB approval are not. Strategies that use proven dental public health principles and methods will be considered. The IHS Division of Oral Health has allocated approximately \$200,000 each year in recent years to be awarded for hp/dp initiatives. No accurate estimate of total awards to be made in fy07 is available at present; the total budget allocated to this program will be subject to availability of funds within the Division of Oral Health fy07 budget. Applications for either renewals of existing initiatives or new proposed programs will be accepted for competitive review.

These awards will be distributed based on proposals submitted to health promotion / disease prevention program director Dr. Patrick Blahut, and reviewed independently by two or more members of an evaluation committee. This committee is composed of some or all of the following (the composition of this group varies from year to year): HQE personnel, area dental officers, IHS dentists and dental hygienists in urban, IHS, and tribal programs, Dental Public Health dentists and hygienists and health educators not employed by the IHS, and state dental directors.

Applicants are required to share a copy of their submission with their Area Dental Officer. Awardees are required to submit a brief report following the conclusion of the project or the end of the fy. This report may be shared with other programs or may be published in the IHS dental newsletter in order to publicize achievements. Awardees will

also be invited (but are under no obligation) to present a summary of their project at the Updates C.E. course or other appropriate meetings.

Compared to most other opportunities for funding, the odds of having your hp / dp proposal funded through this program are excellent. Last year, for example, 63% all proposals received funding. While the odds of receiving funding are very good, this is a competitive process, and there is no guarantee any individual proposal will be funded. While a 63% funding rate is so high as to be almost unheard of for national awards programs, it still obviously implies many deserving proposals go unfunded.

New Guidelines and Requirements

In recognition that many readers of this announcement are familiar with this program from previous years, this section lists all new guidelines and requirements in this RFP that were not in effect prior to fy07.

NEW guidelines and modifications introduced in fy07:

- A cover page is now required. Required information: descriptive title, name and contact information for one primary author or contact person.
- An abstract is now required, briefly describing the perceived problem and the proposed solution or intervention.
- The primary focus remains on oral disease prevention and oral health promotion. However, suggested emphasis is explicitly on interventions that address one or more of the dental program GPRA objectives.

Guidelines and modifications introduced in fy06:

- Proposals must be received by the deadline described herein. Proposals can be either (1) e-mailed as an attachment; or (2) mailed or delivered by commercial carrier (e.g. Federal Express). If mailed, four identical copies, ready for distribution to reviewers, must be included. Faxes are not acceptable, due to variable quality after copying. Proposals arriving in pieces or segments will not be assembled by HQ personnel. Additional materials will not be added to portions of proposals already received.
- In order to foster new initiatives, and to encourage those with existing programs to seek outside funding, existing hp/dp initiatives that are funded through a current hp/dp annual award may seek continuation of funding only once, for a total of two consecutive years of funding.
- A Common Accounting Number (CAN) or other appropriate account number is requested on the cover page, in order to facilitate timely electronic transfer of funding to programs receiving awards. This information is not required, but as all funding is distributed through Area Offices, including this information can decrease processing time and get funding to you quicker.
- Constructive criticism from reviewers, when requested, will be provided *verbatim*, rather than in summary form.
- A new section ("resources, experience...") has been added to the suggested format in order to provide authors the opportunity to outline existing support,

resources, experience or infrastructure that will enable them to meet their stated program objectives.

Guidelines and modifications introduced in fy05:

- All potential funding for this program is dependent on the upcoming annual budget, which has not been finalized or received when this announcement was distributed. Hence, while \$200,000 in funding has been available annually in recent years, the actual amount is subject to receipt of an appropriate national budget for the actual year of funding.
- In keeping with the goals and objectives of the HP / DP program, priority will be given to proposals addressing primary prevention...activities that prevent disease before it occurs.

Guidelines and modifications introduced in fy04:

- In the past, applicants were requested to share a copy of this proposal with their Area Dental Officer. This is now a requirement.
- In the past, a Service Unit could submit multiple proposals for funding, and receive funding for multiple projects. Now, multiple proposals will be considered by reviewers, but only the one highest scoring proposal (if any) per Service Unit will be funded.
- By recommendation of the ADOs, Clinical and Preventive Support Centers are no longer eligible to receive funding. They are encouraged to provide assistance to Service Unit dental programs seeking funding.
- In fairness to all who participate in this process, late submissions (both late proposals and late information or revisions to be added to an on-time proposal) will not be accepted. Additional information such as letters of support or tribal resolutions submitted after the deadline will not be included in the proposals sent to reviewers.

Guidelines for Submission

1. Submissions that address one or more IHS GPRA oral health objectives will receive additional points in the evaluative review. The current IHS dental GPRA objectives:
 - Enhance appropriate exposure to topical fluorides: increase the number of individuals who benefit from one or more topical fluoride applications
 - Increase access to dental care
 - Increase the number of sealants placedProposals that do not address dental GPRA objectives will be considered for funding. They will be at a slight disadvantage during scoring, relative to proposals addressing one or more GPRA objectives.
2. Funds may be used to help fund contract positions, to purchase equipment and supplies, or to implement and administer preventive initiatives.

3. These funds are available for the fiscal year (fy) 1 October 06 through 30 September 2007. Direct care programs must obligate funds by the end of the current fy. Tribal programs are able to carry over funding beyond the current fy.
4. You may submit applications in two ways:
 - E-mail your entire proposal as an attachment to patrick.blahut@ihs.gov
 - Mail (or deliver via a commercial carrier such as Federal Express) to Dr. Patrick Blahut at Division of Oral Health, Suite 300, 801 Thompson Ave., Rockville, MD 20852. If you choose to utilize U.S. mail or commercial carrier to deliver your proposal, include four identical copies of your proposal, each suitable for distribution to reviewers. Proposals mailed with less than four copies are unacceptable, and will not be reviewed. However the proposal is submitted, it must be complete in one “package.” Additional materials or appended items will not be added to submissions already received.
 - Faxes are not accepted due to poor quality after reproduction.
5. Applications are due (not postmarked, but actually received to the Division of Oral Health, IHS Headquarters) by **4PM 30 October, 2006**. In fairness to all applicants, applications received after this deadline will not be considered. No additions or revisions to proposals will be accepted after the deadline. No letters of recommendation, tribal resolutions, revisions, appended materials, or other information will be “added” to proposals already received.
6. Any format or outline that adequately describes your proposed hp/dp initiative is acceptable. One such outline follows for your consideration. Applicants do not have to use this example of a proposal outline. Applicants are encouraged to use a format similar to the one included herein, as the major headings coincide with the major “points categories” on the reviewers’ score sheets.
7. Applicants are required to share a copy of their application with their ADO. This will keep your Area Office aware of your initiatives.
8. An individual Service Unit can submit more than one proposal for review. However, a Service Unit can receive funding for no more than one project.
9. These awards are competitive. In recent years, between 35% and 65% of proposals reviewed have received funding. Actual funding rates vary by year, as the number of proposals and the available funds both vary each year. While the odds of receiving at least partial funding are extremely good relative to other awards programs, there is no guarantee any individual proposal will be funded.
10. Maximum of seven pages, exclusive of appended letters or support. 12 point font, one inch margins. (Note: in previous years, successful narratives averaged 4 to 5 pages. Some two page applications have received funding, and several seven page efforts have not. Provide essential details, say what needs to be said in sufficient detail for reviewers, and be brief.)

11. A small number of appropriate letters of support can be appended to your application. If the cooperation of another program is essential to the success of your proposal, a letter of support from that program is strongly recommended. Numerous letters (the “letters of support by the pound” approach) from programs not essential to the success of your initiatives are not necessary.

Example: one possible outline for submissions.

This outline follows closely the reviewers’ outline of issues to be considered and scored. This format or one similar to it is appropriate as a general outline for your submission.

Cover page (does not count toward the seven page limit for submissions)

The following information is required:

- A descriptive title of your proposed intervention.
- Contact information, including the name, telephone number, e-mail address, and mailing address of the primary author or contact for the project. One, and only one, primary contact for future correspondence is requested.

The following information is requested, but not required:

- A Common Accounting Number or other appropriate account number, while not required, will facilitate timely transfer of funding through an Area Office following the review process.

Abstract (does not count toward the seven page limit)

- Limit yourself to a very brief description of the perceived problem and the proposed solution. You need not provide any details; just tell your reviewer the problem and what you propose to do about it.
- 250 words maximum

Section 1. Background or problem statement

- Clearly state the oral health issue, challenge, or problem.
- Identify the facility by name, and describe its geographic location.
- Provide demographic information and any local or Area oral health data as is available.
- List key personnel involved in the project.
- Describe the specific population to be served.

Section 2. Goals and objectives

- Establish two or three clearly defined objectives. Proposals without clear objectives will not be reviewed or considered for funding.
- Make sure your objectives are SMART (Specific, Measurable, Attainable, Realistic, and Timely). Remember these are one year awards. You can list long term goals in order to provide an overview, but be sure to include some measurable objectives that can be assessed within one year.

Section 3. **Methodology, interventions or activities**

- Describe the activities to be done in order to address the objectives.
- Describe how you will monitor progress or measure gains toward your objectives.
- Describe any collaborative efforts or activities with programs outside the dental program.
- Provide a brief description of specific roles and activities of each person involved in the proposed project.
- Append letters of support from other individuals or programs, if any, that are key to the success of the interventions or activities.

Section 4. **Evaluation**

- Describe how the project will be evaluated, and how you will assess progress toward your objectives.
- Describe any data sources and how they will be used to evaluate the project.
- Describe any planned follow up that will be based on the project and on your evaluation.
- State the specific date on which you will file a brief final report, either sometime before the end of the fiscal year or at the expected conclusion of your project.
- If your proposal is for funding to continue a previously funded initiative, describe your evaluative findings and how your currently proposed initiative will be modified based on those findings.

Section 5. **Resources, experience, ability to attain stated objectives**

- Briefly describe any resources, experiences, or documented abilities that will help you to successfully address your program objectives. Persuade the reviewers that you have the team that can “do the job.” Address the questions: “Who exactly constitutes the team that will implement the proposed program? What attributes, experiences, resources, or abilities make your team especially suited to successfully carry the proposed program to a successful completion?”
- In recognition that hp/dp initiatives can take time from your current duties, include a very brief statement of approval or letter of support from the one most appropriate supervisor (dental program chief, health director, or service unit director).

Section 6. **Budget**

- List all expected expenses associated with your initiative. List in detail, as “line-item” entries.
- Provide detailed justification for the requested funds. Be particularly careful to justify any proposed purchase of additional clinical personnel, travel, or laptops. Each represents an acceptable expense if clearly justified, but reviewers question these items closely.
- Ask for what you need to accomplish your proposed project. Maximum amount per proposal is \$20,000; many funded projects are for less than the maximum.

- List “in-kind contributions” to your overall budget. List only funding or resources clearly reserved or earmarked for your hp/dp initiative. Do not list additional funding you plan to request, or you hope to secure.

Appendices (do not count toward the seven page limit for submissions)

- The most common document appended to these submissions is a limited number of letters of support from other programs or individuals who are essential to the potential success of the initiative.
- Document support or approval of supervisor (see section 5).

In addition to the cover page, abstract, and six sections listed above, reviewers are asked to consider each of the following criteria:

7. Is the proposal clearly written? Are all key issues addressed in a concise fashion?
8. Are the proposed interventions evidence-based? Are they in accord with the scientific literature?
9. Is there evidence of appropriate collaborative efforts, if any are in fact needed to strengthen the initiative, with documentation of support from other dental or non-dental programs?
10. Does the proposal explicitly address one or more of the dental GPRA objectives?

Hints: Maximize Your Chances of Success

A small number of recurring suggestions come up each year during discussions with reviewers. I have listed these suggestions for you, in no particular order. Nothing herein is required, but high quality proposals incorporate at least some of the following suggestions.

To increase the quality of your current and your future proposals, and your chances of funding, consider the following:

- A letter of support from any program or individual necessary for the success of your project is strongly suggested. For example, if you propose a school based sealant program, the proposal would be strengthened significantly by a letter from the school principal or school board stating their support for the program. It should list the specific things they are willing to do to help with the effort.
- Evidence of sustainability adds to the potential value of any submission. Include any plan to continue the project after the initial year of funding ends. Evidence of sustainability is a strong point if it can be addressed. It is not absolutely required.
- Plans to disseminate what you learn add to the perceived value of your project. Any plan to share your project or lessons learned with others should be included. Plans to share your knowledge in the form of presentations or publications increase the value of the project to IHS. Common ways to share information:
 - make a commitment in the proposal to present your project findings at the biennial IHS Updates meeting or an Area dental meeting

- make a commitment in the proposal to submit an article for publication in the IHS dental newsletter

In the long run, sometimes the “lessons learned” shared with others can be one of the most valuable outcomes of your program, so don’t neglect this opportunity.

- Keep your interventions simple and modest. Nobody expects you will eradicate dental disease with an annual program award. Reviewers are consistently more impressed with proposed interventions they feel confident with, rather than multifaceted, complicated approaches that attempt to solve completely all local problems. Reviewers are drawn to proposals that are likely to be successful, and they tend to be more confident with simple, straight-forward interventions rather than programs that have many goals and numerous focal points. A few realistic objectives focused on one specific problem or group of patients personifies a realistic approach; a large number of infeasible objectives addressing multiple problems does not.
- Evidence of in-kind support strengthens any proposal. In-kind support includes not only local funding, but other resources such as transportation, personnel, time allocated specifically to the project, and facilities. In-kind or local support indicates local involvement in a proposed program, and gives the reviewer the sense that others believe the proposal is important and of value.
- Pay attention to program evaluation. Describe how you will know if you have met your objectives. Describe how you will analyze or identify what could have been done differently, or better, following the conclusion of your project.
- Make it easy for reviewers who are asked to evaluate multiple proposals to understand what you want to do and why. Use headings and outline form, rather than a series of long paragraphs. Label individual sections of your proposal. Assume the reviewer will do his job diligently, but that he might only have time to read your proposal once, and that he certainly does not have time to search for important information. Details are important, but make certain the key ideas and proposed interventions and rationale of your initiative stand out.
- If it is not absolutely clear and obvious that your proposal addresses one or more GPRA objectives, explicitly state which specific objectives your intervention is directed at.
- Address all ten sections of the proposal listed in the example outline, regardless of what format you use to write your proposal. If your proposed interventions are not clearly evidence based, for example, be sure to include a brief justification for what you propose to do. If absolutely no collaboration with other programs is necessary to carry out your planned intervention, say so. If collaborative efforts are necessary, provide specific letters of support from those you plan to work with.
- Do it! Take advantage of this awards process; submit your proposed interventions. One guarantee: if you do not submit your proposed plan, you absolutely, positively, without a doubt will receive neither funding nor valuable constructive criticism.
- If your proposal is not funded, seek feedback. Reviewers are instructed to provide constructive criticism along with evaluative scores. Their comments will be shared with you upon request.

- If your proposal is not funded, revise it using the constructive criticism. Make it stronger and resubmit it next year. Some of the strongest proposals are those that failed to score high enough for funding initially, but were resubmitted the following year.
- Consider volunteering to serve as a reviewer. Reviewers directly experience how the review process works, and are exposed to the great ideas of other authors. Most individuals who have served as reviewers say the experience made them a better proposal writer. You can volunteer via e-mail by contacting <patrick.blahut@ihs.gov> Note that you cannot be the primary author of a proposal and a reviewer during the same cycle or year.

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